

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

| | | |
|--|---|---|
| PLAINTIFF Xiamin Zeng | | COURT CASE NUMBER 19CV3218 |
| DEFENDANT Chell et al | | TYPE OF PROCESS Summons & Complaint |
| SERVE AT | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Police Officer Irwin Luperon, Shield No. 27763 | |
| | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) New York Police Department 75th Precinct 1000 Sutter Ave Brooklyn, NY 11208 | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Xiamin Zeng 110 Columbia Street Apt. 1A New York, NY 10002 | | Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A. |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): | | |

| | | | |
|---|---|------------------|--------------------------|
| Signature of Attorney other Originator requesting service on behalf of: <i>Ashley Anderson</i> | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER | DATE 10/5/2020 |
|---|---|------------------|--------------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|--------------------------------------|-------------------------------------|---|--|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process P2 | District of Origin No. DSY | District to Serve No. DSY | Signature of Authorized USMS Deputy or Clerk | Date OCT 6 2020 |
| I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. | | | | | |
| <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) | | | | | |
| Name and title of individual served (if not shown above) Irwin Luperon | | | | Date 12/15/2020 | Time 2:15 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| Address (complete only different than shown above) | | | | Signature of U.S. Marshal or Deputy <i>[Signature]</i> 31348 | |
| Service Fee \$73.06 | Total Mileage Charges (including endeavors) 10.00 | Forwarding Fee | Total Charges \$83.00 | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*) |

REMARKS

OCT 7 2020

Set up for mail serv

DEC - 8 2020

set up for PLS

RECEIVED
U.S. MARSHAL SERVICE
NEW YORK PRO SE OFFICE
2020 DEC 18 PM 3:01

19-3218-8